

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540417

FILING DATE

AFFILIATION

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			/			
2		/		/			52			/			
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		2		/			66						
17				/			67						
18	/		/				68						
19	/		/				69						
20	/		/				70						
21	/		/				71						
22		/		/			72						
23		/		/			73						
24	/		/				74						
25		/		/			75						
26		/		/			76						
27		/		/			77						
28		/		/			78						
29	/		/				79						
30		/		/			80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
34	/		/				84						
35		/		/			85						
36		/		/			86						
37		/		/			87						
38		/		/			88						
39	/		/				89						
40		/		/			90						
41		/		/			91						
42		/		/			92						
43		/		/			93						
44	/		/				94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	10	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	42	←		←
TOTAL CLAIMS							TOTAL CLAIMS			52			